



West Campus
 PO Box 37100
 Phoenix, AZ 85069-7100
 HR Fax: 602-543-8412

Sick Leave Accrual Verification

To be used when verifying sick leave balance transfers from another State Agency or University

Section 1: To be completed by State Agency/University from which the employee has transferred

Employee Name	Date
Date of Birth	ID#
Name and Address of Previous Arizona State Agency/University Employer	
Sick Leave Balance at Termination	Termination Date
Signature of Agency/University Human Resources or Payroll Rep	Title

Please return to ASU West Campus Human Resources by mail or fax

Section 2: To be completed by ASU Human Resources – Payroll Use Only

ASU ID#	
ASU Department	ASU Hire Date
Element 5102	Sick Leave Hours to be Transferred
ASU Payroll Signature	Date

Cc Employee
 ASU Dept
 ASU HR Payroll
 ASU Personnel File